			_																
Exemptions-	Trusts	EXCLUSION	If yes, compl	V. (more than \$10	If yes, compl	IV. reportable ass	III. more than \$20 more than \$1,0 f yes, compl	If yes, compl	II. paying you for	If yes, compl	Did you or you I. or more from a	PRELIMINA	Report Type	Status	Filer				CALENDAR V
	Details regardin trusts" need no child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	If yes, complete and attach Schedule V	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	If yes, complete and attach Schedule IV	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	If yes, complete and attach Schedule II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	If yes, complete and attach Schedule I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	Annual (May 15)	nouse of Representatives	✓ Member of the U.S				UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT
Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	DEPENDENT,	le V.	:hild have any reportabl g period?	le IV.	ild purchase, sell, or exc ding \$1,000 during the n	thild receive "uneamed" or hold any reportable and?	le II.	e a donation to charity in article in the reporting	le I.	income (e.g., salaries or ng period?	ION ANSWE	Ll		•	(Full Name)	Carol Shea-Porter		SE OF REPI
any other assets, " exemption? Do n	usts" approved by	OR TRUST		e liability Yes		ny Yes	Yes		in lieu of g period? Yes		Yes	R EACH OF	Amendment	District: 01	State: NH		.		RESENTAT
unearned" inco ot answer "yes"	the Committee n this report det	INFORMA		8 8		□ 8 <	8		□ ₹ <		No	THESE Q	Termination	-					TIVES
me, transactior unless you ha	on Standards (tails of such a t	TION AN	appropriate scl	Each question	If yes, com	Did you hav IX. entity?	Vill. current calendar year? If yes, complete and	If yes, com	Did you, your spou VII. reimbursements fo from one source)?	If yes, com	VI. the reportin	UESTIONS			Officer Or				For use by
ns, or liabilities c ve first consulte	of Official Condu		iate schedule		If yes, complete and attach Schedule IX	e any reportable a	Did you hold any reportable positions on or b current calendar year? If yes, complete and attach Schedule VIII	If yes, complete and attach Schedule VII	ur spouse, or a de ents for travel in t	If yes, complete and attach Schedule VI.	ur spouse, or a de g period (i.e., aggi	3	Termination Date:		Employing Office:	(C			FORM A e by Members, o
of a spouse or de	Conduct and certain other "excepted fiting you, your spouse, or dependent	R EACH OF THESE QUESTIONS	nedule attached for each "Yes" response	in this part must be answered and the	Schedule IX.	Did you have any reportable agreement or arrangement with an outside entity?	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Schedule VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Schedule VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?				g Office:	(Daytime Telephone)	202-225-5456		FORM A Page 1 of 3 For use by Members, officers, and employees
pendent child nittee on Standa	ther "excepted	ESE QUES	r each "Yes	e answered		gement with an o	ore the date of fili		eive any reportable worth more that		ive any reportable \$335 and not other				Ç.		5000	181031	Page 1 of 3 employees
ards Yes	Yes	TIONS	" response.	and the		outside Yes	ing in the Yes		le travel or an \$335 Yes		e gift in herwise Yes		more than 30 days	be assessed against anvone who files	A \$200 penalty shall	(Office Use Only)	(23)(17) 15 Fill 1: 51	TWE RESOURCE OF THE	HAND DELLA
8 ▼	8								□ 8 <		U No ✓		30 days	ed against o files	alty shall	se Only)	cn		

SCHEDULE I - EARNED INCOME

Name Carol Shea-Porter

Page 2 of 3

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. Internal Revenue Service Source Spouse Salary Type N/A **Amount**

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JT	SP	DC	ASS Identify (a) exercises fair market v (b) any other in "unearned a complete a not use ticke 401(k) plans) even if not example in "eporting the institution period. For a the business Block A. For Exclude: You debt owed to parent or sib accounts; an Government from some in the parent or sib accounts.
U.S. Savings Bond	U.S. Government Retirement Program Thrift Savings Plan	AIM Investments Cash Reserve Shares	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling: any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.
\$1,001 - \$15,000		\$1,001 - \$15,000	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."
None		None	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.
NONE		NONE	Amount of Income Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
			Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.